

NH MEDICAL CONTROL BOARD

**Richard M. Flynn Fire Academy
222 Sheep Davis Road
Concord, NH**

MINUTES OF MEETING

May 18, 2006

Members Present: Donavon Albertson, MD, Tom D'Aprix, MD, Chris Fore, MD; Patrick Lanzetta, MD; Jim Martin, MD; Joseph Mastromarino, MD; Sue Prentiss, Bureau Chief; Joseph Sabato, MD; William Siegart, DO; John Sutton, MD; Norman Yanofsky, MD

Members Absent: Frank Hubbell, DO; Jeff Johnson, MD; Douglas McVicar, MD;

Guests: Dave Dubey, Jonathan Dubey, Fran Dupuis, Janet Houston, Jeanne Erickson, Steve Erickson, William Thorpe, Jr., Doug Martin, Liz Karagosian, MD,

Bureau Staff: Kathy Doolan, Field Services Coordinator; Clay Odell, Trauma Coordinator; Fred von Recklinghausen, Research Coordinator

I. CALL TO ORDER

Item 1. Albertson called the meeting of the NH Medical Control Board (MCB) to order by on March 16, 2006 at the Richard M. Flynn Fire Academy in Concord, NH. 09:00 AM (Chair, D. McVicar unable to attend).

Introductions were conducted. Bill Brown of the National Registry was introduced and given an opportunity to address the Board. He thanked the Board for the time, and gave a brief overview of what would be discussed later at the lunchtime presentation on Computer Based Testing.

II. ACCEPTANCE OF MINUTES

Item 1. **March 16, 2006 Minutes** were previously approved via the email/electronic procedure established in March 2005.

III. DISCUSSION AND ACTION PROJECTS

Item 1. Immunization Prerequisites: Topic held until later in the agenda when J. Sabato is in attendance in order to present:

Item 2: Prehospital Heparin: Moved down on the agenda until Mastromarino present for presentation by Dr. Tom Wharton.

Item 3: 2007 Protocol progress report: D'Aprix reviewed discussions that took place at the recent Protocol Committee meeting. It is planned that the first review of new protocols will be available for the Sept. 2006 MCB meeting in order to meet the Jan. '07 release deadline.

Committee discussions were on the following topics;

- ❖ Adding KING LT-D to the failed airway protocol
- ❖ What to do about the new CPR standards – the committee felt they cannot add the 2005 standards, however a statement will be added to the protocols to “perform CPR to your credentialed level”
- ❖ EMT-I intubation discussion turned from potentially adding prerequisites to consider removing it completely because of the other airway management options available. F. von Recklinghausen gave TEMSIS results for six months worth of Intubation data.
 - The Board opened this for discussion to the members and guests, with many comments expressed: Yanofsky completely agreed with removing Intubation as an option for “I’s” because of results from a past pilot program in the Dartmouth catchment area which supported the observation that it is a technique that fails. Yanofsky felt that the Board and subcommittee should focus on efforts that will make a difference. Prentiss asked that the Board consider following through on requiring proficiency prerequisites (offered handout) and run the program for one year. D. Martin commented that AHA states nothing should be used that interrupts CPR for a length of time. Albertson asked if anyone on the Board was in defense of Intermediate Intubation. Fore mentioned the multiple attempts in the Concord area to train “I’s” in intubation and only a few Providers were interested, additionally Fore felt LMA and Combi-tube are much easier skills to teach and maintain. J. Martin felt that six months of data gives the group only a small percentage of results to consider. J. Erickson agreed that the data was limited and that the Board should consider Chief Prentiss’ suggestion to extend the project and also possibly consider the intubation success rates for Paramedics. Dr. Karagosian reported on her time as an “I” and that the skill is truly experienced based. Fore commented that anesthesiologists were using LMA’s more and more often, resulting in paramedics not getting the time they need in the OR to keep skills up. When asked about this from a National viewpoint, B. Brown stated that it is felt that no person in the prehospital setting can be effective without end-tidal CO2 monitoring. Albertson summarized the conversation and said that the Board basically agreed with the Protocol Committee.
- ❖ Fire fighter rehab is not currently a requirement, the Incident Commander (IC) is the person held with the responsibility to make the decision on having a rehab station. D'Aprix stated that the MCB should not be the one to try and tell the IC what to do, but did suggest that a document be created to give direction to IC’s so that an informed decision could be made.

- ❖ D. Martin asked why CPR guidelines (previous discussion) could not be mandated in the latest guidelines if we mandate other “stuff”? D’Aprix stated that the 2005 guidelines are not being taught yet so the 2007 Protocols would make Providers get re-credentialed and would be a large hurdle. On this same note J. Erickson asked about the cost of getting all defibrillators upgraded to the new protocols and stated that Services need more time.

Immunization Prerequisites – J. Sabato: Sabato passed out a summary of the immunization project conducted last year – 43 Paramedics were taught the skill and three clinics were held using these providers. Ideally it is planned to make this part of the standardized training for Paramedics so as to be ready to assist if another “Taco Bell” incident occurs. Prentiss stated that she would like to see this go out to MD/RN’s, because oversight will be needed for these providers. Prentiss added that the prerequisites could serve as a tracking mechanism for provider use and education and an evaluation tool. Albertson asked if a vote should be taken now or in the future? Discussion ensued: Fore asked who would be the ordering entity for prescriptions in the case of an emergency. Lanzetta asked if this practice would be in conflict with VNA’s? Sabato suggested that it needs to be a cooperative experience with medical oversight. Prentiss stated that a MD/RN would be on site. Martin asked about proficiencies every two years and who would be responsible. Prentiss stated that the Unit would need to be committed to clinic involvement or take part in a POD. Sabato stated that there were questions about “I’s” being able to give support in these situations. Fore said that this would be analogous to pharmacists’ drawing up meds. Fore then made a motion that prerequisites be developed, Lanzetta seconded, all approved.

Prehospital Heparin: Dr. Tom Wharton of Exeter Hospital presented a powerpoint presentation on the subject (handouts offered) and the rational reasons for giving heparin pre-hospitally. It is always given to patients with STEMI once they enter the ED, why not before, the earlier the better. Heparin is less dangerous in the prehospital setting than thrombolytics. Dr. Wharton’s final suggestions (specifics listed on the last slide) included: patient criteria as ongoing symptoms suggesting AMI, ST elevation range, call ED, give ASA, ED physician called cath. lab team, no trauma within the last 4 weeks, no current/recent bleeding, no LP or stroke, no bleeding disorder and BP less than 180 – give heparin 5000 IV bolus.

Discussion between the Board members ensued, patient examples given from experiences they had had in the hospital setting; most agreed that in a situation with a long transport a difference could be made. Prentiss reminded the Board that if protocol medications are to ever be changed, they would need to go to the Board of Pharmacy for approval. She went on to mention that prerequisites could be placed on the use of heparin but the details would need to be developed. The Bureau Chief reminded all members that they should go back and discuss these and all MCB issues, with the hospitals in their Regions that are not represented here.

A concern was raised that all protocols are now standing orders, the Bureau Chief reminded everyone that even though they are currently standing

orders, on-line medical control can be written in. Discussion continued for a time and then it was suggested that J. Mastromarino and W. Siegart develop a draft protocol with the subcommittee for consideration at a future meeting.

Item 4: Intermediate Intubation Prerequisites: Prentiss distributed handout and discussed issue during “Item 3” 2007 Protocol discussion listed above.

IV. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

ACEP: Sabato discussed the “report card” and its inaccuracies, one being the lack of ALS coverage in the state. Sabato mentioned that the Institute of Medicine would be distributing a new/updated report in June. Sabato invited and encouraged all members to participate in NHACEP emergency care discussions

Sabato asked the membership if they would like to have Peter Mayer who is involved with thrombolytic use oversight prehospitally in Massachusetts, come to the July or September meeting to discuss thrombolytics vs. heparin (previous discussion) – all agreed that it would be interesting.

Intersections Project: Nothing to report at this time. (Sabato)

Bureau and Division Update: Prentiss presented her Bureau report. (see handout in folders). Prentiss reported that the Governor had signed the EMS Week Proclamation in Council Chambers yesterday with representation from the NH EMS Community present (photo passed around). Further Prentiss and Sabato gave an overview of the First Responder issue coming before the Coordinating Board this afternoon. Prentiss also noted that “Interim rules” would be in place on May 19th and in effect for six months, public hearing will be scheduled before any rules are made permanent – letters will go out to all providers explaining how the rule changes will effect them. A review of the NH Respiratory Care Practitioners Governing Board issue from past meetings and the Division’s response letter was given. Prentiss stated that once the letter is in its final draft it will be distributed to the Boards for comment prior to being sent to the Governing Board.

F. Dupuis asked that the interim rules be distributed to the Hospital Coordinators prior to the Units and Providers so that they could have chance to review them as they will be getting calls as soon as they are mailed statewide. Yanofsky raised concern about the need for MRH agreements. D. Martin stated that the Hospital Coordinators are working on standardizing the document.

NH Trauma System: Sutton reported that a manikin is being purchased so that local hospitals can hold training sessions; this suggestion came to the Committee at last year’s Trauma Conference. A program model is being developed and will be in place hopefully by this fall. Hospital reviews are ongoing. The Trauma plan will be rewritten as it is approximately 10 years old; plans are in process for a retreat this summer. Seacoast hospitals are not being included in the review because they implemented a plan differently from the very beginning. Prentiss mentioned that the funds for the retreat should come from the Traumas Grant but with the purchase of the manikin it will depend on the leftover balance.

TEMSIS: von Recklinghausen reported the following:

- ❖ Group has developed templates for refusals, “no patient” scenarios, stand-by’s and change requests
- ❖ A data-dictionary (“non-geek” version) is being created
- ❖ Report Writer classes and additional TEMSIS Provider training will be schedule in each Region

Albertson raised a question about information from E-911 screen being able to be imported to TEMSIS report for patients with specific problems so that the Providers could see this information before getting to the scene. Von Recklinghausen stated that time and address might be able to be imported but the infrastructure needs to be built for the rest

Martin asked if only the pages that are completed by Providers could be printed instead of all pages, even if no information has been entered onto them – this current process is a waste of ink and paper. Von Recklinghausen thought it might not be possible but would inquire.

Other Business:

Doolan expressed thanks to the Boards during this EMS Week and passed out “thank you” gifts of “EMS blue” coffee mugs with the new Division logo and the National EMS Week theme: EMS – Serving on Health Care’s Front Line.

V. ADJOURNMENT

Motion by Fore, seconded by Lanzetta to adjourn. Approved. Meeting adjourned at 11:55 AM.

VI. NEXT MEETING

July 20, 2006 at Androscoggin Valley Hospital in Berlin, New Hampshire.

Direction can be found on the Bureau web site:

<http://www.nh.gov/safety/ems/preparednesshospitals.html>

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS

(Prepared by K. Doolan, Field Services Coordinator)